

INFORMATION BULLETIN

WORKFORCE INVESTMENT ACT

Number: WIAB02-40

Date: November 19, 2002

Expiration Date: 6/30/03

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TO: WORKFORCE DEVELOPMENT COMMUNITY

SUBJECT: REVISED WIA PARTICIPANT CLIENT FORMS

This information bulletin provides copies of the revised Workforce Investment Act (WIA) client forms. The client forms have been revised to incorporate changes suggested by local areas as well as to comply with federal reporting requirements.

The form revisions follow the Job Training Automation (JTA) system version 4.23 release dated October 25, 2002. Please refer to WIA Information Bulletin [WIAB02-34](#) for details of the specific JTA changes.

Please ensure this information is shared with staff responsible for your local WIA Management Information System. If you have any questions regarding the client forms, please contact Debor Untal in the Performance Management Unit at (916) 654-8295. Questions concerning the JTA system release should be addressed to the JTA Help Desk at (916) 653-0202.

/S/ BOB HERMSMEIER
Acting Chief
Workforce Investment Division

Attachments

Subgrantee Name
01 Application Number
02 Agency Code
03 Social Security Number

[illegible]

WORKFORCE INVESTMENT ACT

APPLICATION CONTINUED

Subgrantee Name
Application Number
Agency Code
Social Security Number

Last Name		First Name		Middle	
75 Read Version	76 Math Grade	77 Math Score	78 Math Test		79 Math Version
80 Pell Grant Recipient 1 Yes 2 No, Applied but denied 3 No, Application Pending 4 Application not submitted	81 Pell Grant School Year Award Amount	82 Labor Force Status 1 Employed 2 Not employed	83 Weeks Not Employed Last 26 Weeks	84 Hourly Wage	85 Referred by WPRS (Profiling) 1 Yes 2 No
86 Dislocated Worker 1 Terminated or Laid off 2 Received Notice of Layoff 3 Long Term Unemployed (JTPA transfer only) 4 Self Employed 5 Displaced Homemaker 9 Not Applicable		87 Dislocation Date		88 Job Code at Dislocation	Job Title
89 Dislocation Industry Code	90 Tenure at Employer of Dislocation (months)	91 Employer Number		92 Employer Name	
Employer Address		Employer City / State		Employer ZIP	Employer Telephone
93 Eligibility A Adult WIA B Adult Low Income D Dislocated Worker F Youth (age 14 - 18) G Youth (age 19 - 21)		H Veteran Grant I 5% Window Youth (age 14 - 18) J 5% Window Youth (age 19 - 21) X Not Eligible			
Signature of Interviewer			94 Interviewer ID		Date
Signature of Reviewer			95 Reviewer ID		Date

Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.

Signature of Client	Date	Signature of Parent, Guardian or Responsible Adult	Date
Remarks:			



WORKFORCE INVESTMENT ACT ENROLLMENT/REGISTRATION

Subgrantee Name
01 Social Security Number
02 Case Number
Application Number

Last Name				First Name				Middle			
03 Grant Code		04 Agency Code		05 Labor Force Status 1 Employed 2 Not employed		06 Enrollment Date		07 Date ITA Established		08 Total Amount of ITA	
Activity 1	09 Activity Code	10 Agency Code	11 State Provider ID	12 Program Code	13 Job Code/Job Description	14 Begin Date	15 Est/End Date	16 ITA Amount Used	17 Completion Code	18 Goal Code	
	Activity Code	Agency Code	State Provider ID	Program Code	Job Code/Job Description	Begin Date	Est/End Date	ITA Amount Used	Completion Code	Goal Code	
	Activity Code	Agency Code	State Provider ID	Program Code	Job Code/Job Description	Begin Date	Est/End Date	ITA Amount Used	Completion Code	Goal Code	
Enrolling Staff Signature				19 Enrolling Staff ID		Date					
Activity Codes Core 10 Follow-up Services, Counseling 11 Staff Assisted Job Development 12 Staff Assisted Job Referrals 13 Staff assisted Job Search, Placement 14 Staff Assisted Workshops / Job Clubs 15 Other Core Services 16 Non-WIA Funded Core Services Intensive 30 Case Mgt for Participants 31 Comprehensive Assessments 32 Development of Individual Employment Plan 33 Group Counseling 34 Work/Entry Employment Experience 35 Individual Counseling and Career Planning 36 Out-of-Area Job Search 37 Relocation Expenses 38 Short Term Prevocational Services 39 Internships 40 Other Intensive Services 41 Non-WIA Funded Intensive				Training 50 Adult Education 51 Customized Training 52 Entrepreneurial Training 53 Job Readiness Training 54 Occupational Skills Training 55 On-The-Job Training 56 Private Sector Training 57 Skill Upgrading and Retraining 58 Workplace Training and Coop Ed 59 Other Training Services 60 Non-WIA Funded Training Services Youth 70 Summer-related 71 Educational Achievement Services 72 Employment Services 73 Citizen and Leadership Services 74 Other Youth Services 75 Non-WIA Funded Youth Services Miscellaneous 80 Other JTPA 81 Supportive Services 82 Needs-related Payments 83 Planned Break In Services 84 Non-WIA Funded Miscellaneous 90:99 Optional Local Use				Goal Codes (Youth Only) BASIC SKILLS 001 Reading Comprehension 002 Math Computation 003 Writing 004 Speaking 005 Listening 006 Problem Solving, Reasoning, Decision Making 013 ESL/VESL 015 Life Skills OCCUPATIONAL SKILLS 007 Perform Actual Tasks 008 Familiarity with Procedures, Tools 016 Technology 019 Information Skills WORK READINESS SKILLS 009 World of Work Awareness 010 Labor Market Knowledge 011 Career Planning 012 Job Search Techniques 014 Leadership 017 Allocates Resources 018 Team Work 020 Interpersonal Skills			
				Completion Codes 1 Completed 2 Not Completed, Involuntary 3 Not Completed, Voluntary 9 Completed during JTPA							



WORKFORCE INVESTMENT ACT GOALS

Subgrantee Name
01 Case Number
Application Number
02 Agency Code
Social Security Number

Last Name			First Name			Middle				
Primary Goal	Goal Type	Goal Code	Goal Description	Date Set	Result Code	Result Description	Date Attained			
Staff Signature				03 Staff ID		Date				
Primary Goal Code 1 Primary Goal 2 Not Primary Goal		Goal Type 1 Basic Skills 2 Occupational Skills 3 Work Readiness Skills				Result Code 1 Attained Goal 2 Set, Goal Not Attained				
Goal Code <table border="0"> <tr> <td> BASIC SKILLS 001 Reading Comprehension 002 Math Computation 003 Writing 004 Speaking 005 Listening 006 Problem Solving, Reasoning, Decision Making 013 ESL/Vocational ESL 015 Life Skills </td> <td> OCCUPATIONAL SKILLS 007 Perform Actual Tasks 008 Familiarity With Procedures, Tools 016 Technology 019 Information Skills </td> <td> WORK READINESS 009 World of Work Awareness 010 Labor Market Knowledge 011 Career Planning 012 Job Search Techniques 014 Leadership 017 Allocates Resources 018 Team Work 020 Interpersonal Skills </td> </tr> </table>								BASIC SKILLS 001 Reading Comprehension 002 Math Computation 003 Writing 004 Speaking 005 Listening 006 Problem Solving, Reasoning, Decision Making 013 ESL/Vocational ESL 015 Life Skills	OCCUPATIONAL SKILLS 007 Perform Actual Tasks 008 Familiarity With Procedures, Tools 016 Technology 019 Information Skills	WORK READINESS 009 World of Work Awareness 010 Labor Market Knowledge 011 Career Planning 012 Job Search Techniques 014 Leadership 017 Allocates Resources 018 Team Work 020 Interpersonal Skills
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Subgrantee Name
01 Application Number
02 Agency Code
Social Security Number

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WORKFORCE INVESTMENT ACT FOLLOW-UP INFORMATION

Subgrantee Name
01 Application Number
02 Agency Code
Social Security Number

Last Name		First Name		Middle
03 Follow-up Type (After Exit) 1 30 Day 4 2 nd Quarter 2 60 Day 5 3 rd Quarter 3 1st Quarter 6 4 th Quarter		Follow-up Date		04 Interview Date
05 Follow-up Result 1 Complete: All Questions 6 Respondent Refused Interview 2 Complete Interview: Missing Data 7 Language Problem Prevented Interview 3 Respondent Never Located 8 Unable Due to Illness/Disability 4 Located but Never Available 9 Died / Incapable After Exit 5 Informant Refused for Respondent				
06 Labor Force Status 1 Employed Full-Time 4 Not in Labor Force 2 Employed Part-Time 5 Status Unknown 3 Unemployed		07 Supplemental Data Verified Employment Status First Quarter after Exit 1 Employed 2 Not Employed 3 Not Applicable		08 Supplemental Data Verified Employment Status Third Quarter after Exit 1 Employed 2 Not Employed 3 Not Applicable
09 Date Degree or Certificate Attained	10 Type of Degree Attained 1 High School Diploma 5 Occupational Skills License 2 Equivalency/GED 6 Occupational Skills Certificate or Credential 3 AA or AS Diploma Degree 7 Other 4 BA or BS Diploma or Degree			
11 In Postsecondary Education 1 Yes 2 No	12 In Advanced Training 1 Yes 2 No	13 In Military Service 1 Yes 2 No	14 In Qualified Apprenticeship 1 Yes 2 No	
15 Weeks Employed		16 With Exit Employer 1 Yes 2 No		17 Actual Hours Worked
Most Recent Employer or Employer at Follow-Up				
18 Date Employed	19 Employer Number	20 Employer Name		
Employer Address		Employer City, State, ZIP		
21 Contact		22 Phone		
23 Job Code	24 Hours Per Week	25 Hourly Wage	26 Follow-up Staff ID	